

Exhibit “A”

**CERTIFICATION OF COMPLIANCE WITH MASSACHUSETTS DIVISION
OF INSURANCE BULLETIN #_____**

Insurer or Insurer Group Name: _____

NAIC Insurer (or Group) Number or TIN (if no NAIC #): _____

If insurer is residual market mechanism allocating losses, enter loss allocation date: _____

Program (calendar) Year: _____

I hereby certify that [Insurer] has in place procedures to:

- 1. Make coverage for certified acts of terrorism available in accordance with Section 103 (c) of the Terrorism Risk Insurance Act 2002 (“TRIA”);
- 2. Provide clear and conspicuous disclosure of the premium for such coverage in accordance with Section 103 (b) of TRIA; and
- 3. Provide a clear and conspicuous notice at the time that a new policy is offered or issued or a policy is renewed of any change in coverage for losses resulting from an act of terrorism if TRIA terminates or is extended under different terms. The change in coverage will apply regardless of whether the insured elected to purchase coverage for certified acts of terrorism at the inception of the policy.

.

Name

Title

Date

Signature